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ABSTRACT

Preparation for consultation on the part of both the consultant and the organization can have a direct effect on the outcome of consultation. While the importance of preparation for consultation has been acknowledged, most of the literature deals with preparation on the part of the consultant, rather than the organization. This document describes research preparation for consultation on the part of the organization, and involves the study of program consultation in 40 community mental health centers throughout the country. Results based on a comparison of most effective and least effective consultations stress the importance of organizational preparation. In addition, timing was found to be a critical component in outcome. Contrary to initial expectations, unprepared organizations were not necessarily resistant to consultation; rather, they had engaged in preparation which was inappropriate, suggesting that they did not know how to prepare for consultation. The consultant should be aware that an organization's lack of preparation may reflect a lack of knowledge and experience, and is not necessarily indicative of resistance to change.
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Preparing Organizations For Consultation:
Some Practical Guidelines

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Preparing Organizations for Consultation:

Some Practical Guidelines

Judith K. Larsen

Preparation for consultation on the part of the consultant and on the part of organization can have a direct effect on the outcome of consultation. While the importance of preparation has been generally acknowledged, most of the literature deals with preparation on the part of the consultant, or with techniques the consultant can use to assist the organization to prepare for the experience. Relatively little information exists which investigates preparation for consultation solely from the perspective of the organization, apart from instructions which the consultant may provide. The research described in this paper deals with preparation for consultation on the part of the organization--in this case, community mental health centers.

A collaborative project currently being conducted by the American Institutes for Research and the National Institute of Mental Health involves program consultation in 40 community mental health centers throughout the country. The research is based on an interactive model of consultation in which both the consultant and the organization are encouraged to plan for the consultation in advance. Consultations are arranged by asking the center to indicate the aspect of its program (e.g., partial hospitalization, children's services, evaluation) it would like as the topic of the consultation. A consultant who is an expert in the designated topic area is then assigned to the center. The consultant visits the center for a two-day session, and in some cases, returns after several weeks for a second visit.

Each consultant is accompanied by a trained observer who has the responsibility

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for collecting data on the consultation. One of the activities of the observer is to take notes on suggestions provided by the consultant. A list of these suggestions is left with the center and a copy retained by the observer. At two points in time, four and eight months following the original consultation visit, these lists are used as the basis of follow-up interviews with center staff to determine to what extent the ideas have been used, and to provide an indication of consultation outcome.

Previous research and experience with program-oriented consultation indicates that there are considerable differences in the amount of advance preparation for consultation on the part of the organization. Acknowledging the potential impact of this variation, the current study included preparation for consultation as one of its main variables. A sample of organizations (N=20) received guidelines for program consultation which described specific steps to follow in preparing for consultation. The guidelines were sent to these centers prior to the consultation. A control group of centers (N=20) did not receive the materials or other assistance prior to the consultation. Centers in the control group were left to determine preparation activities on their own. The groups were then compared on outcome measures, among them, extent to which they used any of the consultant's suggestions. Organizations receiving the preparation guidelines were interviewed to determine their reactions to the materials and how they had been used.

Preliminary data indicate that preparation on the part of both consultant and organization appears to be related to consultation outcome. First a word about the consultant. Our data support previous results stressing the importance of a prepared and expert consultant. In general, the most effective consultations were conducted by consultants who were extremely knowledgeable about the

specific topic at hand, and also had well developed consultation skills. Consultations in which the organization was well prepared but the consultant was poor, rarely were judged to be useful, and even then, only marginally so.

Given the importance of the consultant, what about organizational preparation? Here again our data underscore the importance of preparation. Even the best consultant, when faced with an unprepared organization, was not able to pull the rabbit out of the hat--there were few consultations found to be effective in which the organization was not prepared.

A more in-depth analysis of organizational preparation involving the five consultations found to be most effective and the five found to be least effective presents some noteworthy comparisons. In all of the top five consultations, the staff were both prepared for and receptive to consultation, that is, preparation was not limited to drawing up a schedule of events. However, in addition, in two of the five top consultations, timing was a critical factor--the consultation occurred when the organization needed assistance at that exact point. In these cases, timing may have been the most important factor contributing to the outcome of the consultation.

The five least effective consultations also had distinctive characteristics. Three of them were conducted by consultants who had poor consultation skills, while the other two were led by excellent consultants. These latter two cases deserve some comment. In one of these consultations, the organization was in the midst of top level staff turnover and there was considerable confusion among the remaining staff. The other consultation involved a prepared organization and a prepared and skilled consultant. However, external events at the state level and the announcement of a new executive director the

day of the consultation, completely changed the topics of concern to the organization, and the issues previously selected as the focus of the consultation became obsolete, literally overnight. As with the effective consultations, this was a case in which timing, or more accurately, lack of timing, may have been the critical component in consultation outcome.

Contrary to initial expectations, the unprepared organizations were not necessarily resistant to or disinterested in the consultation. Of course, some organizations exhibited little or no preparation, with the schedule being thrown together at the last minute without synthesis or planning. However, it was more common to find organizations in which the preparation was inappropriate, suggesting the organizations did not know how to prepare for consultation.

For the most part, these were relatively inexperienced organizations, with key staff who had rarely participated in consultation. These organizations had little or no awareness that they should legitimately expect something from the consultant. This in spite of the fact that they requested the consultation, and that they had stipulated the topic! Rather than determining their own goals and expectations and planning accordingly, they approached the problem as, "What would the consultant like to see?" In fact, in rather extreme cases, the organizations had the consultant traveling back and forth to satellite centers across the catchment area, resulting in the consultant spending most of the time riding from one location to the other, with only brief visits at any one site. In such cases, if the consultant requested a revision in plans, often centers were genuinely willing to change the schedule and participated actively in the modified activities. While these cases of inappropriate preparation could have been examples of covert--or not so covert--resistance, it was the impression of the observers that most of these organizations were unfamiliar with consultation

and the inappropriate preparation reflected a lack of knowledge.

It appears that the most successful consultations were those in which the consultant was knowledgeable and skilled, and the organization was active in stating its expectations and requirements of the consultant. Consultations in which the organization was less clear and less forceful were generally less effective. It may be that the extent of organizational investment in the consultation as evidenced by preparation activities provides a potential indication of outcome. However, the consultant should be aware that an organization's lack of preparation or inappropriate preparation may reflect a lack of knowledge and experience, and is not necessarily indicative of resistance to change.